

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

## 2. DATE SUBMITTED

11/14/2005

## Applicant Identifier

## 3. DATE RECEIVED BY STATE

11/14/2005

## State Application Identifier

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 0787316680000

\* Legal Name: The Salk Institute for Biological Studies

Department: Plant Biology Laboratory

Division:

\* Street1: 10010 North Torrey Pines Road

Street2:

\* City: La Jolla

County: San Diego

\* State: CA

\* ZIP Code: 92037-1099

\* Country: USA

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms. Jean

A.

Koczak

\* Phone Number: (858)453-4100

Fax Number: (858)535-9663

Email: koczak@salk.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-2160097

## 7. \* TYPE OF APPLICANT:

J: Nonprofit with 501C3 IRS status (other than Institution of Higher Education)

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

## Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Office of Science

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Functional Analysis of Plant Cell Cycle Regulatory Proteins in Chlamydomonas

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

N/A

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2006

06/30/2009

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

53

53

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. James

Greg

Uman

Position/Title: Assistant Professor

\* Organization Name:

The Salk Institute for Biological Studies

Department: Plant Biology Laboratory

Division:

\* Street1: 10010 North Torrey Pines Road

Street2:

\* City: La Jolla

County: San Diego

\* State: CA

\* ZIP Code: 92037-1099

\* Country: USA

\* Phone Number: (858) 453-4100

Fax Number: (858) 535-9379

\* Email: uman@salk.edu

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT  
ORDER 12372 PROCESS?****REVIEW BY STATE EXECUTIVE**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE  
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372  
PROCESS FOR REVIEW ON:

DATE: 

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR  
REVIEW

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Ms. Kim E. Witmer

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

**\* Signature of Authorized Representative**

Completed on submission to Grants.gov

**\* Date Signed**

Completed on submission to Grants.gov

**20. Pre-application**

OMB Number: 4040-0001

Expiration Date: 04/30/2006

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 11/07/2005	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

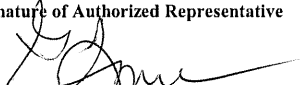
<b>5. APPLICANT INFORMATION</b>	
Legal Name: Project Life Community Development	Organizational Unit: Department: Management
Organizational DUNS: 197213007	Division: N/A
<b>Address:</b>	
Street: 25550 Weaver Road	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>
City: Barstow	Prefix: Mr.
County: San Bernardino	First Name: Robert
State: California	Middle Name: Earl
Country: United States of America	Last Name: Swayzer
	Suffix: Sr.
	Email: ProjectLifeCoDev@aol.com
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 81-0655123	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>	
<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O. Not For Profit Organization Other (specify)	
<b>9. NAME OF FEDERAL AGENCY:</b> USDA	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-766 TITLE (Name of Program): Community Facilities Loans & Grants	
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> We provide housing facilities for low-income and poverty level clients. We have a house manager that oversees all of the clients and their needs. We also provide all utilities and meals. 98% of our clients are either low income, below poverty level, or at poverty level income wise. We work with several county entities such as CPS, TANF, & GAIN.	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> All of: San Bernardino, Riverside, and LA Counties	
<b>13. PROPOSED PROJECT</b> Start Date: 01/2006 Ending Date: 3/2006	
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: Barstow, California b. Project: San Bern., Riverside, LA County	
<b>15. ESTIMATED FUNDING:</b> \$40,000	
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/07/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
<b>a. Authorized Representative</b>	
Prefix: Mr.	First Name: Robert
Middle Name: Earl	
Last Name: Swayzer	
Suffix: Sr.	
b. Title: Chief Executive Officer	
c. Telephone Number (give area code): 1 (760) 253 - 1034	
d. Signature of Authorized Representative: <i>Robert E. Swayzer</i>	
e. Date Signed: 11/07/2005	

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 11/07/2005		Applicant Identifier																																				
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier																																				
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier																																				
<b>5. APPLICANT INFORMATION</b>																																								
Legal Name: Project Life Community Development			<b>Organizational Unit:</b> Department: Management																																					
Organizational DUNS: 197213007			Division: N/A																																					
<b>Address:</b> Street: 25550 Weaver Road City: Barstow County: San Bernardino State: California Zip Code: 92311 Country: United States of America			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Robert Middle Name: Earl Last Name: Swayzer Suffix: Sr. Email: ProjectLifeCoDev@aol.com																																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 81-0655123			Phone Number (give area code): 1 (760) 253 - 1034 Fax Number (give area code): 1 (760) 253 - 1034																																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> O. Not For Profit Organization Other (specify)																																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 84-184 TITLE (Name of Program): Safe and Drug Free Schools & Communities			<b>9. NAME OF FEDERAL AGENCY:</b> ED																																					
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): All of: San Bernardino, Riverside, and LA Counties			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> We provide transitional housing and meals for homeless families, with an alcohol & drug free environment. We are also in the process of opening up an learning center for children to have something to do instead of being bored and turning to drugs and alcohol. We also speak to school-aged children about the dangers of alcohol & drug abuse.																																					
<b>13. PROPOSED PROJECT</b> Start Date: 01/2006 Ending Date: 3/2006			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: Barstow, California b. Project: San Bern., Riverside, LA County																																					
<b>15. ESTIMATED FUNDING:</b> \$40,000			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/07/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">FY 2006</td> <td style="width:10%;">\$</td> <td style="width:10%;">100,000</td> <td style="width:10%;">00</td> </tr> <tr> <td>b. Applicant</td> <td>FY 2006</td> <td>\$</td> <td>100,000</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>FY 2006</td> <td>\$</td> <td>60,000</td> <td>00</td> </tr> <tr> <td>d. Local</td> <td></td> <td>\$</td> <td>0</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td></td> <td>\$</td> <td>0</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td></td> <td>\$</td> <td>0</td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td></td> <td>\$</td> <td>260,000</td> <td>00</td> </tr> </table>			a. Federal	FY 2006	\$	100,000	00	b. Applicant	FY 2006	\$	100,000	00	c. State	FY 2006	\$	60,000	00	d. Local		\$	0	00	e. Other		\$	0	00	f. Program Income		\$	0	00	g. TOTAL		\$	260,000	00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	FY 2006	\$	100,000	00																																				
b. Applicant	FY 2006	\$	100,000	00																																				
c. State	FY 2006	\$	60,000	00																																				
d. Local		\$	0	00																																				
e. Other		\$	0	00																																				
f. Program Income		\$	0	00																																				
g. TOTAL		\$	260,000	00																																				
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																																								
<b>a. Authorized Representative</b> Prefix: Mr. First Name: Robert Middle Name: Earl Last Name: Swayzer Suffix: Sr. b. Title: Chief Executive Officer c. Telephone Number (give area code): 1 (760) 253 - 1034 d. Signature of Authorized Representative: <i>Robert E. Swayzer</i> e. Date Signed: 11/07/2005																																								

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name <b>Los Angeles County Metropolitan Transportation Authority</b>		Organizational Unit: <b>Programming and Policy Analysis</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Nela De Castro (213) 922-6166</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es):  <input type="checkbox"/> A Increase Award <input type="checkbox"/> B Decrease Award <input type="checkbox"/> C Increase Duration <input type="checkbox"/> D Decrease Duration <input type="checkbox"/> Other (specify)		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District        N Other (Specify) _____  <b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20 - 5 07</b> <b>TITLE 49 U.S.C. § 5307</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>City and County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>CA-90-Y387 – FY2006 Capital and Operating Assistance</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date  <b>07/01/04</b>	Ending Date  <b>06/30/08</b>	a. Applicant  25 through 39, 42, 46	b. Project  <b>Same as Applicant</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 89,785,060.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>11/07/05</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 14,485,220.00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 104,270,280.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative  <b>Gladys Lowe</b>		b Title Director Regional Program Management	c Telephone number  <b>(213) 922-2459</b>
d. Signature of Authorized Representative 		e. Date Signed  <b>11-7-05</b>	

Previous Editions Not Usable

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 11/4/2005	Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Lindsay Unified School District	Organizational Unit: Department: Lindsay Unified School District
Organizational DUNS: 037333341	Division: Healthy Start
Address: Street: 519 E. Honolulu	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Jane
City: Lindsay	Middle Name Carol
County: Tulare	Last Name Elson
State: California	Suffix:
Zip Code 93247	Email: jcelson@lindsay.k12.ca.us
Country: U.S.A.	Phone Number (give area code) 559-562-8292
	Fax Number (give area code) 559-562-8008

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0565329	7. TYPE OF APPLICANT: (See back of form for Application Types) H Other (specify)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: USDA Rural Development CA.
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program): USDA Community Facilities	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lindsay Unified School District eHealth Project
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, CA. 93247	13. PROPOSED PROJECT Start Date: 07/01/2005 Ending Date: 06/30/2007
14. CONGRESSIONAL DISTRICTS OF: a. Applicant District # 21 b. Project District # 21	15. ESTIMATED FUNDING:
a. Federal \$ 60,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/04/2005
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 14,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$ 100,000.00	
f. Program Income \$	
g. TOTAL \$ 160,000.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix Mrs. First Name Janet Middle Name Last Name Kliegl Suffix b. Title Superintendent c. Telephone Number (give area code) 559-562-5111 Ext. 213 d. Signature of Authorized Representative e. Date Signed 11/4/2005	

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

\*\*\*Correct Document\*\*\*

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 11/07/05	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pre-application		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier R-9 Tracking #05-359	
5. APPLICANT INFORMATION				
Legal Name: County of Sonoma		Organizational Unit: Department: Permit and Resource Management		
Organizational DUNS: 603747390		Division: Engineering		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 2550 Ventura Ave.		Prefix: Mr.	First Name: Thodore	
City: Santa Rosa		Middle Name: Joseph		
County: Sonoma		Last Name: Walker		
State: California		Suffix:		
Country: United States		Email: Twalker@sonoma-county.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  94-6000539		Phone Number (give area code) (707) 565-8356		Fax Number (give area code) (707) 565-1103
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types)  B  Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  66-606		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Monte Rio, Sonoma County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Monte Rio Community Wastewater Project		
13. PROPOSED PROJECT Start Date: 09/15/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Sixth		
Ending Date: 03/30/08		b. Project Sixth		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$192,400	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$189,200	DATE: 10/25/05		
c. State	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$381,600	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative				
Prefix	First Name Pete	Middle Name		
Last Name Parkinson	Suffix		c. Telephone Number (give area code) (707) 565-1925	
b. Title Director	c. Date Signed 11/9/05			
d. Signature of Authorized Representative				



# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 11/4/2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: Lindsay Unified School District		<b>Organizational Unit:</b> Department: Lindsay Unified School District	
Organizational DUNS: 037333341		Division: Healthy Start	
Address: Street: 519 E. Honolulu		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mrs. First Name: Jane	
City: Lindsay		Middle Name Carol	
County: Tulare		Last Name Elson	
State: California		Suffix:	
Zip Code 93247		Email: jcelson@lindsay.k12.ca.us	
Country: U.S.A		Phone Number (give area code) 559-562-8292	
		Fax Number (give area code) 559-562-8008	

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

77-0565329

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)  
Other (specify)

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-766

TITLE (Name of Program):  
USDA Community Facilities

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Lindsay, CA. 93247

## 13. PROPOSED PROJECT

Start Date:  
07/01/2005

Ending Date:  
06/30/2007

## 15. ESTIMATED FUNDING:

a. Federal	\$	60,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	100,000.00
f. Program Income	\$	.00
g. TOTAL	\$	160,000.00

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

## a. Authorized Representative

Prefix Mrs.	First Name Janet	Middle Name
Last Name Kliegl		Suffix
b. Title Superintendent		c. Telephone Number (give area code) 559-562-5111 Ext. 213
d. Signature of Authorized Representative <i>Janet K. Kliegl</i>		e. Date Signed 11/4/2005

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE**2. DATE SUBMITTED  
11-18-05

Application Identifier

## 1. TYPE OF SUBMISSION:

*Application*      *Preapplication*  
☐ Construction      ☐ Construction  
☐ Non-Construction      ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICATION INFORMATION

Legal Name  
SUPERIOR CALIFORNIA ECONOMIC  
DEVELOPMENT DISTRICT

Organizational Unit

Address (give city, county, state, and zip code)

2400 Washington Avenue, Suite 301  
Redding, Shasta County, California 96001Name and telephone number of the person to be contacted on matters  
involving this application (give area code)Administrative ContactTechnical ContactRobert Nash, Chief Executive Officer  
(530) 225-2760

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6	8	—	0	3	4	3	0	5	1
---	---	---	---	---	---	---	---	---	---

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

G

A. State      H. Independent School Dist.  
 B. County      I. State Controlled Institution of Higher Learning  
 C. Municipal      J. Private University  
 D. Township      K. Indian Tribe  
 E. Interstate      L. Individual  
 F. Intermunicipal      M. Profit Organization  
 G. Special District      N. Other (Specify): \_\_\_\_\_

## 8. TYPE OF APPLICATION:

☐ New      ☐ Continuation      ☐ Revision
If Revision, enter appropriate letter(s) in boxes(es) ☐ ☐

A. Increase Award      B. Decrease Award      C. Increase  
 D. Decrease Duration      Other (specify): \_\_\_\_\_

## 9. NAME OF FEDERAL AGENCY:

U.S. Department of Commerce  
Economic Development Administration10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER:

1	1	■	3	0	3
---	---	---	---	---	---

TITLE: Economic Development Support for Planning Organizations

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Planning and implementation of a long range economic development program  
which will focus on job retention/creation and economic diversification to  
alleviate substantial unemployment within the district.

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Modoc, Shasta, Siskiyou and Trinity Counties in California

## 13. PROPOSED PROJECT:

Start Date	Ending Date
01-01-06	12-31-06

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
Second	First and Second

## 15. ESTIMATED FUNDING:

a. Federal	\$ 60,000
b. Applicant	\$ 20,000
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 80,000

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE  
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 11-1-05

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes      If "Yes," attach an explanation.      ☒ No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY  
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Robert Nash

b. Title  
Chief Executive Officerc. Telephone number  
(530) 225-2760

d. Signature of Authorized Representative

e. Date Signed  
11-18-05

OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

## 1. Type of Submission:

Application                      Preapplication  
     Construction                  Construction  
 \_X\_ Nonconstruction              Nonconstruction

RECEIVED

NOV 03 2005

STATE CLEARING HOUSE

## 5. Applicant Information:

## Legal Name and Address:

(give city, county, state, and zip code)

State Water Resources Control Board  
 1001 I Street, Sacramento County  
 Sacramento, California 95814

## Organizational Unit:

San Francisco Regional Water Quality Control Board  
 Name and telephone of person to be contacted on matters  
 involving this application (give area code):  
 Gina Kathuria  
 (510) 622-2378

6. Employer Identification Number (EIN): 68--0281986

6. D U N S Number: 808321913

## 8. Type of Application:

\_X\_ New      Revision      Continuation

If Revision, enter appropriate letter(s):

A. Increase Award                      B. Decrease Award  
 C. Increase Duration                  D. Decrease Duration  
 Other (specify) \_\_\_\_\_

## 7. Type of Applicant: (enter appropriate letter) \_A\_

A. State                                      H. Independent School District  
 B. County                                  I. State Institute of Higher Learning  
 C. Municipal                              J. Private University  
 D. Township                              K. Indian Tribe  
 E. Interstate                              L. Individual  
 F. Intermunicipal                      M. Profit Organization  
 G. Special District                      N. Other (specify)

## 9. Name of Federal Agency:

U. S. Environmental Protection Agency

10. Catalog of Federal Domestic Assistance Number  
66.606Title:              Surveys, Studies, Investigations and  
Special Purpose Grants

## 11. Descriptive Title of Applicant's Project:

Assessment and cleanup of the environmental management  
 programs at the Department of Energy Lawrence Livermore  
 National Laboratory (LLNL) and the Sandia National Laboratory  
 (SANDIA).

## 12. Area Affected by Project:

(cities, counties, states, etc.)

San Francisco Bay area, California

## 13. Proposed Project:

## Start Date

1/1/2006

## End Date

12/31/2008

## 14. Congressional District of:

## Applicant:

3

## Project:

California - All

## 15. ESTIMATED FUNDING:

a. Federal	\$113,218
b. Applicant	\$0
c. State	\$0
d. Local	\$0
e. Other	\$0
f. Program Income	\$0
<b>g. TOTAL</b>	<b>\$113,218</b>

16. Is the application subject to review by the State  
Executive Order (EO) 12372 process?

a. YES:      \_X\_ This application/preapplication was made  
 available to the State EO 12372 process for  
 review on:

Date: November 3, 2005

b. NO:      Program is not covered by EO # 12372  
              Program has not been selected by the  
              state for review.

## 17. Is the applicant delinquent on any Federal debt?

\_\_\_\_ YES, attach explanation                      \_X\_ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE  
 TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE  
 APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE  
 IS AWARDED.

a. Typed Name of Authorized Representative  
 Celeste Cantú

## b. Title:

Executive Director

c. Telephone Number  
 (916) 341-5615

d. Signature of Authorized Representative

c. Date Signed:

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 10/28/05		Applicant Identifier																													
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier																													
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier																													
<b>5. APPLICANT INFORMATION</b>																																	
<b>Legal Name:</b> Plowshares Peace and Justice Center, Inc.			<b>Organizational Unit:</b> Department: Community Dining Room																														
<b>Organizational DUNS:</b>			<b>Division:</b>																														
<b>Address:</b> Street: 150 Luce Avenue P.O. Box 475 City: Ukiah County: Mendocino State: CA Zip Code: 95482			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms. First Name: Mary Middle Name: Last Name: Buckley Suffix:																														
<b>Country:</b> Mendocino			<b>Email:</b> plowshares@pacific.net																														
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0218781			<b>Phone Number (give area code)</b> (707) 462-8582		<b>Fax Number (give area code)</b>																												
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - Not for Profit Organization Other (specify)																														
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): U.S. Department of Agriculture Community Facilities Grant Program 10-766			<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Agriculture																														
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Census Tract 116, Ukiah, Inland Mendocino County			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Construction of New Community Dining Room serving homeless and very low income families and individuals: Kitchen Equipment Purchase.																														
<b>13. PROPOSED PROJECT</b> Start Date: 11-1-05 Ending Date: 10-31-07			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 1st District - Mike Thompson b. Project 1st District - Mike Thompson																														
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>60,000</td> <td>00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>1,390,365</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>965,000</td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>35,000</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>350,000</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0</td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>2,800,365</td> <td>00</td> </tr> </table>			a. Federal	\$	60,000	00	b. Applicant	\$	1,390,365	00	c. State	\$	965,000	00	d. Local	\$	35,000	00	e. Other	\$	350,000	00	f. Program Income	\$	0	00	g. TOTAL	\$	2,800,365	00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	60,000	00																														
b. Applicant	\$	1,390,365	00																														
c. State	\$	965,000	00																														
d. Local	\$	35,000	00																														
e. Other	\$	350,000	00																														
f. Program Income	\$	0	00																														
g. TOTAL	\$	2,800,365	00																														
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																														
<b>a. Authorized Representative</b>																																	
Prefix Ms.		First Name Mary		Middle Name																													
Last Name Buckley		Suffix		c. Telephone Number (give area code) (707) 462-8582																													
<b>b. Title</b> Executive Director		<b>e. Date Signed</b> 10-28-05		<b>d. Signature of Authorized Representative</b> Mary Buckley																													

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: San Francisco Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Gina Kathuria (510) 622-2378	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> _____ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and Special Purpose Grants		9. Name of Federal Agency: U. S. Department of Energy	
12. Area Affected by Project: (cities, counties, states, etc.) San Francisco Bay area, California		11. Descriptive Title of Applicant's Project:  Provide funding support of the assessment and cleanup of the environmental management programs at the Department of Energy Lawrence Berkeley National Laboratory (LBNL) at Berkeley, CA and the Stanford Linear Accelerator (SLAC) at Palo Alto, CA.	
13. Proposed Project: Start Date 1/1/2006 End Date 12/31/2008		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$278,857 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$278,857		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: November 2, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		c. Date Signed:	

**RECEIVED**

AUTHORIZED FOR LOCAL REPRODUCTION

NOV 02 2005

STATE CLEARING HOUSE

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 10/26/05	<b>Applicant Identifier</b> 05-300	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b> Sweetwater Authority		<b>Organizational Unit:</b> Department: Environmental and Governmental Services		
<b>Organizational DUNS:</b> 084248467		<b>Division:</b> N/A		
<b>Address:</b> Street: P.O. Box 2328		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
<b>City:</b> Chula Vista		<b>Prefix:</b> Mr.	<b>First Name:</b> Rick	
<b>County:</b> San Diego		<b>Middle Name</b>		
<b>State:</b> CA	<b>Zip Code</b> 91912-2328	<b>Last Name</b> Alexander		
<b>Country:</b> United States		<b>Suffix:</b>		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-2759399		<b>Phone Number (give area code)</b> (619) 409-6830		<b>Fax Number (give area code)</b> (619) 475-9726
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> G Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Appropriations Act of 2005 66-606		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Environmental Protection Agency		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Chula Vista, National City, and Bonita; San Diego County, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Ambient monitoring of air, water, and sediment quality at reservoirs operated by Sweetwater Authority.		
<b>13. PROPOSED PROJECT</b> Start Date: 7-01-05 Ending Date: 6-30-06		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 50 (Filner) b. Project Dist 50 (Filner) and 52 (Hunter)		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 96,200.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 151,400.00	DATE: 10-26-05		
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 247,600.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
<b>Prefix</b> Mr.	<b>First Name</b> Mark	<b>Middle Name</b> N.		
<b>Last Name</b> Rogers		<b>Suffix</b>		
<b>b. Title</b> Operations Manager		<b>c. Telephone Number (give area code)</b> (619) 409-6702		
<b>d. Signature of Authorized Representative</b> Mark N. Rogers		<b>e. Date Signed</b> 10-26-05		

Previous Edition Usable  
Authorized for Local Reproduction

RECEIVED

NOV 01 2005

STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> 10/20/2005	Applicant Identifier
Pre-application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: COUNTY OF SAN DIEGO		<b>Organizational Unit:</b> Department: PUBLIC WORKS																
Organizational DUNS: 00-9581646		Division: AIRPORTS																
<b>Address:</b> Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code 92020 Country: USA		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: LOU Middle Name Last Name BARNES Suffix:																
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000934		Email: Lourdes.Barnes@sdcounty.ca.gov Phone Number (give area code) (619) 956-4835 Fax Number (give area code) (619) 956-4801																
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)																
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP) 20-106		<b>9. NAME OF FEDERAL AGENCY:</b> FEDERAL AVIATION ADMINISTRATION																
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> CARLSBAD, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> McCLELLAN-PALOMAR AIRPORT - REHABILITATE TERMINAL ACCESS ROAD AND TERMINAL AREA PLAN.																
<b>13. PROPOSED PROJECT</b> Start Date: TBD Ending Date: TBD		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 52    b. Project 51																
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:30%;">\$ 1,140,000.00</td> <td rowspan="7" style="width:40%; text-align: center; vertical-align: middle;"> <div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>            NOV 01 2005            STATE CLEARING HOUSE         </div> </td> </tr> <tr> <td>b. Applicant</td> <td>\$ 60,000.00</td> </tr> <tr> <td>c. State</td> <td>\$ .00</td> </tr> <tr> <td>d. Local</td> <td>\$ .00</td> </tr> <tr> <td>e. Other</td> <td>\$ .00</td> </tr> <tr> <td>f. Program Income</td> <td>\$ .00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 1,200,000.00</td> </tr> </table>		a. Federal	\$ 1,140,000.00	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>            NOV 01 2005            STATE CLEARING HOUSE         </div>	b. Applicant	\$ 60,000.00	c. State	\$ .00	d. Local	\$ .00	e. Other	\$ .00	f. Program Income	\$ .00	g. TOTAL	\$ 1,200,000.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/24/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 1,140,000.00	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>            NOV 01 2005            STATE CLEARING HOUSE         </div>																
b. Applicant	\$ 60,000.00																	
c. State	\$ .00																	
d. Local	\$ .00																	
e. Other	\$ .00																	
f. Program Income	\$ .00																	
g. TOTAL	\$ 1,200,000.00																	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																

<b>a. Authorized Representative</b> Prefix First Name PETER Middle Name L. Last Name DRINKWATER Suffix		c. Telephone Number (give area code) (619) 956-4839 e. Date Signed 10/20/05
b. Title DIRECTOR OF COUNTY AIRPORTS d. Signature of Authorized Representative		

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 10/20/2005	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>																						
Legal Name: COUNTY OF SAN DIEGO Organizational DUNS: 00-9581646 Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA    Zip Code    92020 Country: USA	<b>Organizational Unit:</b> Department: PUBLIC WORKS Division: AIRPORTS <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix:    First Name: PETER Middle Name: Last Name DRINKWATER Suffix: Email: PETER.DRINKWATER@sdcounty.ca.gov Phone Number (give area code)    Fax Number (give area code) (619) 956-4839    (619) 956-4801																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000934	<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> B Other (specify)																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> FEDERAL AVIATION ADMINISTRATION																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP) <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> FALLBROOK, SAN DIEGO, CA	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> RAMONA AIRPORT - CONSTRUCT AIR TRAFFIC CONTROL TOWER / TRANSIENT RAMP ACCESS ROAD																					
<b>13. PROPOSED PROJECT</b> Start Date: TBD    Ending Date: TBD	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 52    b. Project 52																					
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>475,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>1,250.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>23,750.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>500,000.00</td> </tr> </table>	a. Federal	\$	475,000.00	b. Applicant	\$	1,250.00	c. State	\$	23,750.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	500,000.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/20/05 (Faxed to (916) 323.3018) + mailed b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	475,000.00																				
b. Applicant	\$	1,250.00																				
c. State	\$	23,750.00																				
d. Local	\$	.00																				
e. Other	\$	.00																				
f. Program Income	\$	.00																				
g. TOTAL	\$	500,000.00																				
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																						
<b>a. Authorized Representative</b> Prefix    First Name    PETER    Middle Name    L. Last Name    DRINKWATER    Suffix																						
<b>b. Title</b> DIRECTOR OF COUNTY AIRPORTS																						
<b>d. Signature of Authorized Representative</b> 																						
<b>c. Telephone Number (give area code)</b> (619) 956-4839																						
<b>e. Date Signed</b> 10/20/05																						